

Indiana Healthcare Associated Infection Initiative Pre Self-Assessment Summary Data

Participation: 57 LTCs & 21 Hospitals

Percentages indicate percent of respondents who indicated **ALWAYS** or **FREQUENTLY**.
Remaining percentages include responses of **SOMETIMES**, **SELDOM**, and **NEVER**.

Respondents views regarding Hand Hygiene (HH):	Hosp	LTC	All
• Staff HH is according to WHO guidelines	71%	73%	74%
• Compliance with HH is monitored monthly	85%	57%	66%
• Hand washing (not alcohol) used with suspected/confirmed <i>CD</i>	81%	89%	87%
• When washing hands, scrubbed for at least 20 seconds	72%	77%	75%
• HH performed before and after direct contact with patients	81%	75%	77%
• Staff speak up if they observe incorrect HH behavior	24%	43%	37%
• Patients speak up if they observe incorrect HH behavior	10%	27%	22%
• Families/visitors speak up if they observe incorrect HH behavior	5%	29%	21%

Respondents views regarding Staff Roles:	Hosp	LTC	All
• Facility assigns staff to the same patient at least 85% of time	48%	88%	77%
• Facility provides comprehensive IC training in staff orientation	95%	91%	93%
• Ongoing training for IC on at least an annual basis	100%	89%	100%
• Patient with suspected/confirmed infection is informed promptly of the necessary contact precautions	95%	98%	97%
• Staff must review patient's chart to determine if they are on contact precautions	29%	41%	38%
• Visitors are informed of infection concerns prior to entering the patient's room	76%	98%	92%
• Facility involved patient and family in planning and providing care that will prevent infections	76%	81%	79%

Respondents views regarding Maintaining a Clean Environment:	Hosp	LTC	All
• Environmental Services (ES) Staff are monitored for compliance with cleaning practices on a monthly basis	72%	79%	78%
• A 10% bleach & water solution is used to clean equipment and the environment when there is <u>suspected</u> <i>CD</i>	62%	85%	80%
• A 10% bleach & water solution is used to clean equipment and the environment when there is <u>confirmed</u> <i>CD</i>	81%	96%	92%
• During cleaning, the bleach & water solution is allowed to remain wet on the hard surface for at least 1 minute	81%	85%	84%
• After cleaning, wet surfaces are wiped with a dry cloth	29%	46%	42%

Respondents views regarding Catheter & Antibiotic Use:	Hosp	LTC	All
• Indwelling urinary catheter use is re-examined on a daily basis	81%	55%	63%
• Indwelling urinary catheters are used for the management of incontinence	0%	4%	4%
• Antibiotic use is re-examined on a daily basis	48%	62%	59%
• Facility educates patients & families about the appropriate use of antibiotics	34%	68%	58%

Respondents views regarding Assessing and Managing Risk:	Hosp	LTC	All
• Patients with <u>suspected</u> CD are placed on contact precautions	90%	82%	85%
• Patients with <u>confirmed</u> CD are placed on contact precautions	100%	98%	99%
• Gowns & gloves are available outside rooms of patients on contact precautions	100%	93%	95%
• Standard precautions are followed when caring for all patients	100%	96%	97%
• When lab results are received confirming an infection, it typically takes 4-6 hours for the staff to be informed	20%	22%	22%
• Facility performs infection risk assessment at least quarterly	47%	57%	55%
• Facility tracks patient s with facility acquired infections on a monthly basis	95%	88%	90%
• Facility tracks patients with community acquired infections on a monthly basis	81%	88%	86%
• Patients with <u>suspected</u> CD are placed in private rooms	91%	35%	51%
• Patients with <u>confirmed</u> CD are placed in private rooms	100%	54%	67%
• Facility educates family & visitors about specific ways to prevent infections	86%	76%	78%
• Specimens for suspected CD are collected promptly after test order and transported cold to the laboratory within 15 minutes of collection	85%	41%	55%
• Nursing staff are given guidance on the limitations of non-molecular CD tests	19%	45%	36%
• CD test results are available to facility personnel within 24 hours of test order	95%	70%	76%
• Patients with <u>confirmed</u> CD are taken off contact precautions as soon as the diarrhea is gone	34%	35%	34%
• Facility personnel act upon positive CD test results within 2 hours of notification	100%	91%	94%

Other Patient Safety Items:	Hosp	LTC	All
• Facility has a designated individual responsible for monitoring infection prevention and control practices	100%	98%	99%
• Facility has a patient safety rapid response team.	86%	19%	38%
• Facility has someone certified in infection control (CIC Certification)	57%	2%	18%

Barriers or Issues that **impede infection control** and prevention in facilities:

Hospitals	LTC
Staff Time (7 replies)	Lack of Education/Knowledge (6 replies)
Insufficient Resources (5 replies)	Specific Issues with Client or Family(4 replies)
Current Staff Culture (3 replies)	Staff Time (3 replies)
Lack of Education/Knowledge (2 replies)	Logistical Problems (3 replies)
	Current Staff Culture (3 replies)

Things that would **assist** facilities in **improving infection control** and prevention:

Hospitals	LTC
Increased Facility Resources (7 replies)	More Education for Staff (16 replies)
More Education (5 replies)	More Education for Families (3 replies)
More Staff (4 replies)	Improved Facility Procedures (3 replies)
	Increased Staff Involvement (3 replies)

How facilities **make the prevention** of CD or CAUTIs a **priority**:

Hospitals	LTC
Specialized Staff (7 replies)	Strict Protocols (14 replies)
Strict Protocols (6 replies)	Trainings/In-services (10 replies)
Trainings/In-services (3 replies)	Quick Response (7 replies)
	Daily Monitoring (6 replies)
	Specialized Staff (4 replies)